

Application for Public Librarian Certificate

GENERALINFOR	MATION:						
NAME:	(Last)		(First)		(Middle)		
HOME ADDRESS:	HOME ADDRESS: (Street)		(City and State)		(ZIP Code)		
HOME PHONE#: (LIBRARY PHONE#: () -					
MICHIGAN DRIVER'S LIC		LAST 4 DIGITS OF SOC.SECURITY#:					
MAIDEN/FORMERNAME	ES:						
EDUCATION:							
HIGHSCHOOL:		City and	City and State			Year of Graduation	
Enclose a photocopy of y documentation is <i>not</i> req			•	ng your graduation	date (High	school	
COLLEGE/UNIVERSITYN	AME:	City and State		Degree		Year Granted	
LIBRARYSCHOOL:							
ELDIVIKTOCI ICOLI.							
Notify the registrar's o academic degree <i>direct</i> degree in library scien	ly to the Certificat	ion Office, Lib	orary of M	Iichigan. If you ha			
EMPLOYMENT EXPERIENCE: (Limit to Most Recent Ten Years)							
Current Library Employer			Address		Employment Dates (Beginning–Ending)		

Applicants eligible for permanent professional certification must also document four years of professional experience following receipt of their MLS degrees. Please have current or previous employers verify by letter your dates of employment, job title and professional responsibilities.

Do not use this form to request a change in your certification status or to renew a Level VII Certificate.

Mail completed application form to: CERTIFICATION OFFICE, LIBRARY OF MICHIGAN, P.O. BOX 30007, 702 W. KALAMAZOO, ST., LANSING, MI 48909. Direct questions regarding this form to the Certification Office, (517) 373-3746

$This \, page \, for \, Library \, of \, Michigan \, Certification \, Of fice \, Use \, Only: \,$

CERTIFICATEGRANTED	DATEGRANTED		
LEVELI, PERMANENT PROFESSIONAL	Ι		
LEVELII, PROFESSIONAL	I		
LEVELIII, SPECIAL PROFESSIONAL	Ш		
LEVELIV, LIMITED PROFESSIONAL: Class A	IV		
LEVELV, LIMITED PROFESSIONAL: Class B	V		
LEVELVI,LIBRARYTECHNICIAN'S	VI		
LEVELVII,CERTIFICATEOFLIBRARYEXPERIENCE	VII		

CERTIFICATE OF LIBRARY EXPERIENCE VALIDUNTIL	QUALIFYINGEXPERIENCE
1.	
2.	
3.	
4.	
5.	
6.	